# INS SCHOOL COMPLIANCE

TO:       Division of Driver Licensing

RE:       Non-U.S. Citizen Application for Kentucky Driver's License and/or a Permit

FROM:    The Office of the Registrar, _____

DATE:    _____

This letter verifies the full-time status, good-standing, and valid immigration status of the following applicant, _____whose status is as follows:

A full-time _____and/or University affiliated student **OR** a nonimmigrant in full compliance with INS guidelines. This student is an F-1 visa holder and by definition carries Form I-20. This student is:

☐ Enrolled full-time for the _____semester.

☐ Carrying the INS regulated 18 contact hours in University affiliated language classes.

☐ Enrolled part-time for the _____semester, however in compliance with INS regulations.

☐ Completing Optional Practical Training.

An exchange scholar and/or visitor who is either teaching, conducting research, studying full-time or a student completing Academic Training at _____.

The scholar and/or student is a J-1 visa holder and by definition carries Form IAP-66. (*Form IAP-66 is equal to Form I-20.)

## OR

This validates that the dependent(s) of this F-1 or J-1 visa holder is also in valid immigration status as per the regulatory requirement 8 CFR 214.2(F) for F-2 visa holders and 8 CFR 214.2(J) for J-2 visa holders. Dependent(s) are defined as spouse and/or children. F-2 dependent(s) are listed on the back of the F-1 visa holder's I-20. J-2 dependent(s) are listed on the J-1 visa holder's Form IAP-66 in the upper right of box #1.

Furthermore, each applicant's record has been validated by the appropriate _____official designated by the Immigration and Naturalization Service under 8 CFR 214.3 (for F-1, F-2) and 22 CFR 62.2 (for J-1, J-2).

Signature of Designated School Official (DSO) or Alternative Responsible Officer (ARO)

_____    _____    _____
DSO or ARO                                        Date                        Telephone Number

The Office of the Registrar of _____verifies the above to be accurate and truthful.

_____    _____    _____
University Registrar                              Date                        Telephone Number